

**Attachment B3c: GSA Behavioral Health Performance Measures: Data Assumptions (March 2014 Update)**

For all Performance Measures (PM):

1. The Review Period will be quarterly based on Attachment B3a. GSA Behavioral Health Performance Measures Report Template.
2. All BHS individuals with an encounter within the review period.
3. Data will be categorized for each PM as follows:
  - a. Month
  - b. GSA
  - c. Behavioral Health Category (Child, SMI, GMH/SA)
  - d. Age (0-17, 18-21, 21+, except for PM3)
  - e. Eligibility (T19, T21, DDD, CMDP, NT19)

Performance Measure	Table 1: Data Assumptions
1. BH Inpatient Utilization (days/1,000 member months)	<ol style="list-style-type: none"><li>1. All BHS individuals with an encounter that includes a Bill Type of 111 or 114 and Provider Type of 02 or 71, from which the earliest encounter within the review period will be used.</li><li>2. The following variables will be calculated:<ol style="list-style-type: none"><li>a. Number of Eligible Individuals</li><li>b. Number with an Inpatient Stay</li><li>c. Total Days</li><li>d. Member Months (as defined in HEDIS manual)</li></ol></li></ol>
2. BH Emergency Department (ED) Utilization (visits/1,000 member years)	<ol style="list-style-type: none"><li>1. All BHS individuals with an encounter categorized as ED based on codes in the HEDIS manual (CPT codes 99281-99285, UB Revenue code 045x)</li><li>2. The following variables will be calculated:<ol style="list-style-type: none"><li>a. Number of Eligible Individuals</li><li>b. Number of ED Visits</li><li>c. Member Years (as defined in HEDIS manual)</li></ol></li></ol>
3. BH Hospital Readmissions	<ol style="list-style-type: none"><li>1. Number of BHS individuals in PM1 with a Provider Type of 02 or 71 who were discharged during the review period based on encounters that include a Bill Type of 111 thru 114 (excluding individuals whose admission date equals discharge date). Primary and comorbid ICD-9 diagnosis codes will be provided for each member with a discharge during the reporting period. Surgery procedure codes will be used to determine if the BHS individual underwent surgery while hospitalized. Diagnoses and surgeries are used to calculate O/E Ratio (see CMS Adult Core Methodology, Measure 7 and Appendix A)</li><li>2. The following information will be calculated/determined:<ol style="list-style-type: none"><li>a. Gender</li><li>b. Age range (0-17, 18-44, 45-54, 55-64, 65+)</li><li>c. O/E Ratio</li><li>d. Surgery status ( surgery during hospitalization =1, no surgery during hospitalization =2)</li><li>e. Readmission status (readmitted within 30 days of discharge =1, not readmitted within 30 days of discharge =2)</li><li>f. Primary hospital discharge diagnosis code</li><li>g. Comorbid discharge diagnosis codes from visits to outpatient, nonacute inpatient, acute inpatient and ED visits during the 12 months prior to the discharge date.</li></ol></li></ol>

4. Follow up After Hospitalization for Mental Illness (within 7 days)	1. Number BHS individuals in PM1 with a Provider Type of 02 or 71 who received follow up care (within 7/30 days) based on an encounter that includes a code listed in CMS Adult Core, Measure Table 13.4 (see Table 2 below). 2. The following variables will be calculated: a. Number of Eligible Individuals b. Number of Individuals who received a follow up service within 7 days c. Number of Individuals who received a follow up service within 30 days
5. Follow up After Hospitalization for Mental Illness (within 30 days)	

**Table 1: PM Data Assumptions (continued)**

Performance Measure	Data Assumptions
6. Access to Behavioral Health Provider within 7 days	1. Number BHS individuals with an H0031 assessment code during the review period, who did not receive any behavioral health services (i.e., encounters) during the prior 12 months. 2. Follow up service will be determined as any service included in Attachment B3b. Access to Behavioral Health Provider Numerator Service Codes. 3. The following variables will be calculated: a. Number of Individuals with no behavioral health service in past 12 months b. Number of Individuals who received a follow up service within 7 days c. Number of Individuals who received a follow up service within 23 days
7. Access to Behavioral Health Provider within 23 days	
8. EPSDT Participation	Per AHCCCS, DBHS will not be required to calculate the performance rate for this measure for CYE 2014.

**Table 2: PM Data Codes**

Performance Measure	Data Codes from CMS Adult Core	
3. BH Hospital Readmissions	Data Codes to Identify Visits for Comorbid Diagnoses, from CMS Adult Core, Appendix Table A.1	
	CPT	HCPCS
	92002, 92004, 92012, 92014, 98925-98929, 98940-98942, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99393-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291, 99281-99285	051x, 0520-0523, 0526-0529, 057x-059x, 082x-085x, 088x, 0982, 0983, 0118, 0128, 0138, 0148, 0158, 019x 0524, 0525, 055x, 066x, 1001, 1002, 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x, 021x, 072x, 080x, 0987, 045x, 0981
	Use NCQA HCC-Surg Table for procedure codes used to identify surgery during hospitalization	
4. Follow up After Hospitalization for Mental Illness (within 7 days)	Data Codes from CMS Adult Core, Measure 13, Table 13.4	
	CPT	HCPCS
	Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health practitioner	

AND  5. Follow up After Hospitalization for Mental Illness (within 30 days)	90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510		G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485	
	CPT		POS	
	Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner			
	90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876	WITH	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72	
	99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53	
	UB Revenue			
	The organization does not need to determine practitioner type for follow-up visits identified by the following UB revenue codes			
	0513, 0900-0905, 0907, 0911-0917, 0919			
	Visits identified by the following revenue codes must be with a mental health practitioner or in conjunction with a diagnosis codes: 295-299, 300.3, 300.4, 301, 308, 309, 311-314			
	0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983			